

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>5-18-05</u>		2 Serial/Patent # <u>10/520169</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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8 TO BE REFUNDED BY:																							
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10 REASON:		9																					
<input checked="" type="checkbox"/> Overpayment																							
<input type="checkbox"/> Duplicate Payment																							
<input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY: <u>C. Burt</u>																							
TYPED/PRINTED NAME: <u>Shirley Burt</u>		TITLE: <u>Paralegal</u>																					
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308 9140X207</u>																					
OFFICE: _____																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: _____		DATE: _____																					

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